



Barbara Worgess
Chief Health Officer

COCONINO COUNTY
PUBLIC HEALTH SERVICES DISTRICT
ENVIRONMENTAL HEALTH

Office Use Only

Receipt #: _____
Amt Paid: _____
Date Rec'd: _____
Rec'd By: _____
Referred To: _____
Type: _____

Body Art Operator Application

Please provide the following information and return the application to the Environmental Health Office with the **fee of \$22.00**. Body art operator cards expire after two (3) years and will need to be renewed. Coconino County recommends that body art operators get the Hepatitis B vaccination series to protect themselves against Hepatitis B. Submit copies of your Hep B vaccination record or complete the Medical Record Vaccination Status form. Current blood-borne pathogen training is required and proof must be submitted with this application.

Please check type of body art to be performed:

- ☐ Tattooing ☐ Scarification
☐ Permanent make-up ☐ Branding
☐ Piercing ☐ Other: _____

Name: _____

Resident Address: _____ City/State/Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Date of Birth: _____ Gender: ☐ Female ☐ Male

Place of Employment: _____ Address: _____

Have you been immunized against Hepatitis B? ☐ Yes ☐ No

Have you attended a blood-borne pathogen training course in the last year? ☐ Yes ☐ No

Name of course: _____

List training and experience. Submit copies of certificates, etc. If you are a new operator in Coconino County provide places of previous employment and references including phone numbers.

(please use back of paper for additional space)

1. _____
2. _____
3. _____
4. _____
5. _____

All of the above statements are true. I understand that any false information on this application may be cause for denial or revocation of my body art operator health card. I understand that a copy of my body art operator card and blood-borne pathogen training certificate must be in my possession at all times while engaged in the practice of body art.

Signature: _____ Date: _____